

# United States Court of Appeals For the First Circuit

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No. 06-1956

MARGETTA LANGLOIS,

Plaintiff, Appellant,

v.

COMMONWEALTH OF MASSACHUSETTS,

Defendant, Appellee.

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## ORDER OF COURT

Entered: July 12, 2006

Pursuant to 1st Cir. R. 27(d)

Treating appellant's financial affidavit, as a motion to proceed on appeal in forma pauperis ("IFP"), we transmit said request to the district court for action in the first instance pursuant to Fed. R. App. P. 24(a)(1). Copies of the district court's ruling shall be forwarded to this court. The district court, if it denies the motion, is requested to state its reasons in writing. Fed. R. App. P. 24(a)(2). If appellant is not granted IFP status by the district court, she may file a motion to proceed IFP in this court, provided that she do so in accordance with Fed. R. App. P. 24(a)(5).

CERTIFIED COPY  
I HEREBY CERTIFY THIS DOCUMENT  
IS A TRUE AND CORRECT COPY OF  
THE ORIGINAL ON FILE IN MY OFFICE  
AND IN MY LEGAL CUSTODY.

FIRST CIRCUIT COURT OF APPEALS  
BOSTON, MA

By: [Signature] Date: 7/12/06

By the Court:  
Richard Cushing Donovan, Clerk

By: JULIE GREGG  
Operations Manager

[certified copies: Honorable Rya W. Zobel, Sarah A. Thornton, Clerk]

[cc: Margetta Langlois]

Affidavit to Accompany  
Motion for Leave to Appeal in Forma Pauperis

COPY

District Court No. 05-10190  
Appeal No. 06-1956

MARGETTA LANGLOIS  
LANGLOIS

v.

COMMONWEALTH of MASS, Tom Rilly as Individual + A. and AG.

FILED IN CLERKS OFFICE  
US COURT OF APPEALS  
FOR THE FIRST CIRCUIT

**Affidavit in Support of Motion**

**Instructions**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Margetta Langlois

Date:

July 13, 2006

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months	Amount expected next month
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<u>Social Security</u>	You <u>0</u>	Spouse <u>Dependence</u>	You <u>0</u>	Spouse <u>0</u>
<u>Widow Benefits S.S. w. 3.</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>Employment \$1099 A. mo.</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1099.</u> Anno.	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments) (widow's)	\$ <u>1099.</u> Anno.	\$ <u>0</u>	\$ <u>0</u> (ML)	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify):	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total Monthly income:	\$ <u>1099.</u>	\$ <u>0</u>	\$ <u>1099.</u>	\$ <u>0</u>

ANNUAL STATEMENT  
ENCLOSED.

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
(NOT SINCE 1983)			
ON DISABILITY S.S.I.			
TIL 2004			

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
(DECEASED SINCE 1992)			

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
McDILL'S CREDIT	CHECKING	\$ 2200.00	\$ 0
UNION A.P.R.		\$ CHECK	\$ 0
FLA -		\$ 85,000.	\$ 0

FOR SINKHOLE REPAIRS  
INSIDE + OUT

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
\$ 200,000 - NOW	\$ 100,000	WORTH IN		Make & year: 2002	
TAX RECORDS DUE TO				Model: ISUZU RODEO SPORT	
BIG SINKHOLE IN FLA				Registration#: FLA -	
				VIN 4S2CK57W854312215	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: TOTALER 95 MITSUBISHI 6/12/06				my daughter's	
Model: CAR IN my name					
Registration#: NOW					

REGISTRATION ENTERED 6/14/06

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
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from 2 yrs. ago		
S.S. #3808		
IN TAMPA		
APPEALS		
COURT		

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
KATHERINE E. HATCH	DAUGHTER	37 y.o.
LAUREL L. (LANGLOIS) (LAIBERTE)	DAUGHTER	33 y.o.

I owe my DAUGHTERS for helping me  
UNTIL I GET my DOWN CORNING CASE -



8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>1291.00</u> mo.	\$ <u>0</u> <i>DELETED</i>
Are any real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>200 -</u>	\$ _____
Home maintenance (repairs and upkeep)	<i>THIS PAYING FOR SINKHOLE</i> \$ _____	\$ _____
Food	\$ <u>100</u> mo.	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>10.</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	<i>\$3000 A YR.</i> \$ _____	\$ _____
Life	\$ <u>80</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in Mortgage payments)(specify):	\$ _____	\$ _____
	<i>\$1600. A YR. HOUSE TAXES -</i>	
Installment payments	\$ _____	\$ _____
Motor Vehicle	<i>COULD NOT PAY</i> \$ <u>0</u>	\$ _____
Credit card (name):	<i>IN COLLECTION</i> \$ _____	\$ _____
Department store (name):	<i>0</i> \$ _____	\$ <u>0</u>

Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Alimony, maintenance, and support paid to others \$ 0 \$ \_\_\_\_\_

Regular expenses for operations of business, profession, or farm (attach detailed statement) \$ 0 \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ \$ 0 \$ \_\_\_\_\_

Total monthly expenses: \$ 1700.1 \$ \_\_\_\_\_

*my 2 daughters help me till my major operation JUNE 21 GET ON my feet -*

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☐ No ?

If yes, describe on an attached sheet.

*CAN NOT COUNT ON ANYTHING LOW COPIING CASE ONLY.*

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ 0

If yes, state the attorney's name, address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ 0

If yes, state the person's name, address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

*STATEMENT of S.S. W.B. AIR  
NOW*

*WAS ENCLOSED 5/3/16 W BRIEF TO R.W. ZORKE*

13. State the address of your legal residence.

8219 DARBURY LANE  
HUDSON Ht. 34667

Your daytime phone number: (202) 514-3957

Your age: 58 y.o. Your years of schooling: 12

6/17/48 Maryetta Longlois prose.

THIS CASE WAS <sup>A</sup> FALSE  
IMPRISONMENT W/OUT

100% PROVEN BY D.A. ONLY

By A FAVOR OWED TO  
TOM REILLY BY MC BRIDE I

WAS "SOLD OUT" TO JAIL

Mc BRIDE NEVER FILED FOR

TRANSCRIPTS FOR APPEALS ON CASE

96-1416-001-002 BUD FOLE #3578  
FROM THE SW FILE Maryetta Longlois  
7/13/06